PRIMARY CARE

PACMIS

NETWORK

PACMIS Screens & Coding

♦ **REAP**
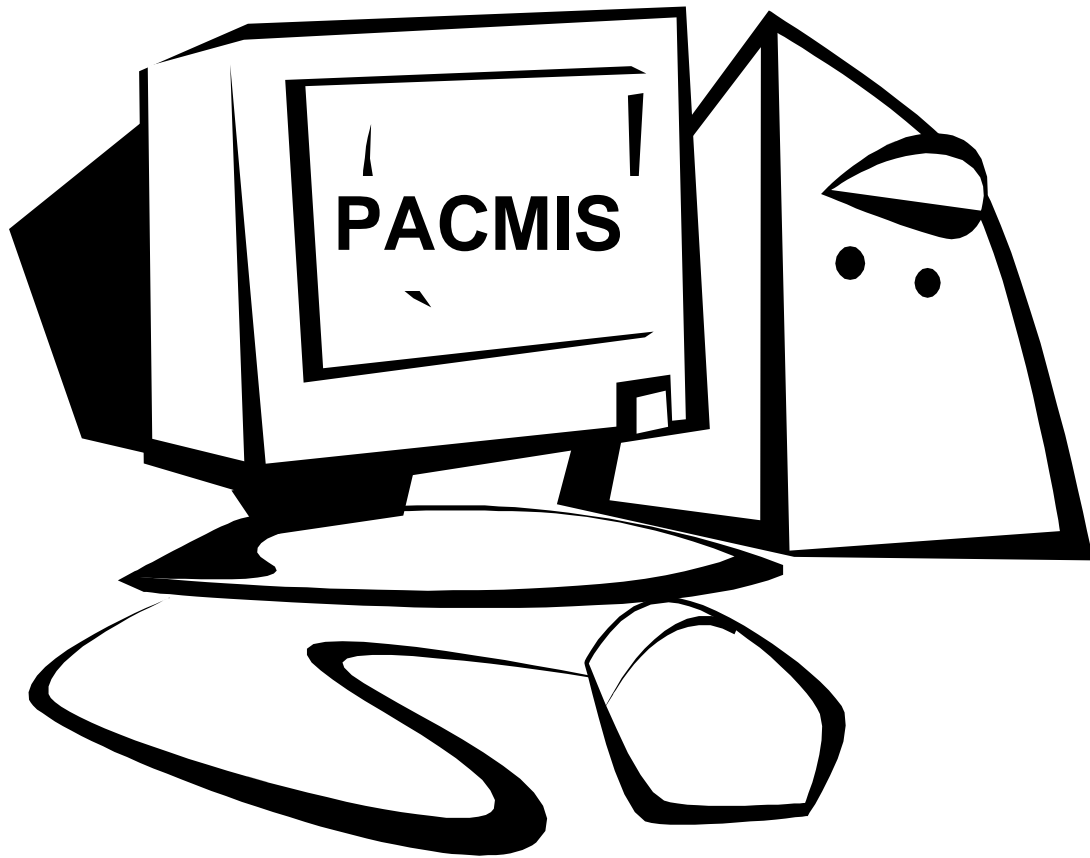
```
REAP                     REGISTER APPLICATION                11SEP03 11:44
                                                             HEALTH T
CASE NAME:                                  CASE NUMBER: 00010711
PRIMARY DEPT/REG/OFF: HHH   TEAM: 1  CASELOAD:  01 TRAINING, HEALTH
DRUG/ALCOHOL REHAB:   N
EXPEDITED F.S: _        1        2        3        4        5        6
PROGRAMS APPLIED FOR: PC __    __ __    __ __    __ __    __ __    __ __
APP RECEIVED DATE:    05AUG03  _____  _____  _____  _____  _____
BEN EFFECTIVE DATE:   _____  _____  _____  _____  _____  _____
MEDICAID CATEGORY:       _        _        _        _        _        _
MEDICAID COVERAGE GRP:   _        _        _        _        _        _
  CLIENT NAME                 DOB       S.S.N      SEX   REL   APP POS
NETWORK, I CARE            07JUN1975 345 87 6349    M    PI      01
NETWORK, YOU CARE         17SEP1977 389 48 3983    F    SP      02
NETWORK, WEE CARE         09OCT1998 389 89 5789    F    CH      03




    ADDRESS INFORMATION TO BE ENTERED? : Y
4B■                 ⏱:00.6                                        24/39
```

▸ **"PC" is the PCN program type for PACMIS registration.**
No entry allowed in SUBTYPE or MEDICAID CATEGORY or MEDICAID
COVERAGE GROUP fields. **NO "EMERGENCY MEDICAL SERVICES FOR PCN.**

▸ **Benefit Effective Date**

- **PC** - the date the application is received, but cannot be before 01JUL02.

- **CW** - the date the application is received, but cannot be before 01AUG03
or in a month before a premium is paid for employer-sponsored health
insurance coverage.

▸ No retroactive coverage allowed.

▸ **APMA** has the same requirements as REAP for PCN.

2

◆ **SEPA**

```
 SEPA                        SETUP PARTICIPATIONS              11SEP03 11:58
                                                               HEALTH T
 CASE NAME: NETWORK, I CARE              CASE NUMBER: 00010711 MONTH:  AUG03
               PGM CAT/    START INELG INELG   PGM  CAT/    START INELG INELG
       NAME   REL SUB  COV PART DAY  RSN   DATE   SUB  COV PART DAY  RSN   DATE
 01 I CAR N  PI PC       IN  5   __  _____
 
 02 YOU C N  SP PC       IN  5   __  _____
 
 03 WEE C N  CH PC       OC  5   __  _____
 
 
 
 
 
 
 
 
 
 
 SPECIAL PROJECT INDICATOR-->
 HH TAX DEP: __       MORE PROGRAMS: _    MORE CLIENTS: _         NEXT--> _____
 4B▮                 ⌖:00.4                                        07/28
```

▶ **Participation Codes: The following participation codes are allowed:**

IN PACMIS counts the person's income and includes them in the benefit and the household size. Only the primary person (PI) and their legal spouse (SP) can be coded 'IN'.

Note: **Any adult who has access to employer-sponsored coverage needs to be coded 'IN' initially.**

DM Income is deemed from this person. The person is counted in the household size but is not included in the benefit. Only the primary person (PI) and their legal spouse (SP) can be coded 'DM'.

OC Child's income is not counted. Child is not included in the benefit, but is included in the household size. Use 'OC' for a child or legal stepchild under age 19 who is part of the household.

UB Includes the unborn in the household size. Use the 'UB' code for an unborn of an adult who is coded 'IN' or 'DM'. After birth, if the relationship for the newborn is 'UB', leave the participation code 'UB'. If the newborn's relationship code is 'CH', use the 'OC' participation code.

OU PACMIS does not count the person or their income and they are not included in the household size. Children age 19 or older must be coded 'OU'.

3

- **Never use the 'SS' participation code for PCN:**

  ➢ An SSI spouse should be coded 'DM'. If the spouse is under age 19 and is not the head of the household, do not post their income.
  ➢ An SSI child should be coded 'OC'.

▸ **Relationship Codes:** Only clients with these relationship codes can be included in the PC household PI, SP, CH, SC, UB. If the person has any other relationship, they must be coded OU.

  - Child in Common: The unmarried partner of a person eligible for PCN is not included in the household size.

    ➢ Set-up separate cases if the household partners are not legally married. Any children they have in common can be counted in both households.

The CW reimbursement check for the household will be sent to the PI. The policy holder may be the PI or the spouse.

♦ ETRC

```
ETRC          ETHNIC / RESIDENCY / CITIZENSHIP / IDENTITY / SCHOOL   11SEP03 12:12
                                                                     HEALTH T
CASE NAME: NETWORK, I CARE                     CASE NUMBER: 00010711 MONTH AUG03
ID: Y VR: HC HH LANGUAGE CODE: EN TPL: Y DATE: 05AUG03 UM TPL:   DATE:
                                         SCH  SCH FS        OTH   CAAL
      NAME      REL ETH CIT VR  RES VR   CODE ST  EX  VR    INS   DATE
01 I CAR N  PI  WH  US  HC  RE  HC    NOT  NA  __  CS     A     _____

02 YOU C N  SP  WH  US  HC  RE  HC    NOT  NA  __  CS     A     _____

03 WEE C N  CH  WH  US  HC  RE  HC    NOT  NA  __  CS     N     _____




                                           MORE CLIENT: _      NEXT--> ____
 4B■                  ⏱:00.3                                        24/60
```

▸ **TPL** Required.

▸ **ETH** American Indians who live in certain counties who receive services through Indian Health Services **ARE NOT SUBJECT TO COST SHARING REQUIREMENTS**. These people will be identified by the "AI" ETH code and the County code.   The applicable counties are: Beaver, Box Elder, Carbon, Duchesne, Emery, Grand, Iron, Juab, Kane, Millard, Piute, San Juan, Tooele, Uintah, Washington.

▸ **OTH INS (Other Insurance/Medicaid)** field is used to record whether or not an 'IN' person is covered under a health insurance plan, or would be Medicaid eligible with a spenddown but chose the PCN program instead of paying the spenddown, or if has employer-sponsored health insurance available to determine Covered at Work eligibility.
An entry in the **OTH INS** field is required for any one coded "IN".

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Codes accepted in the field:

- **N** = No insurance and not Medicaid eligible. If participation code is 'IN' will pass PCN eligibility.

- **Y** = Yes, has other insurance. If participation code is "IN" will fail PCN eligibility.

- **M** = No other insurance, but Medicaid eligible with a spenddown. If participation code is 'IN' will pass PCN eligibility. ***This is how PACMIS will identify PCN recipients who qualify for Medicaid with a spenddown, but chose PCN.***

- **A** = Has employer-sponsored health insurance available and they are not already enrolled.

    The "A" in this field, will generate the Covered at Work Employee Cost screen (CWEC) which calculates the cost of coverage % and determines if an individual is eligible for the Covered at Work program.

> **PACMIS will automatically change the "A" code**
> **on the ETRC to a F, L, C, or P**
> **based on the CWEC screen calculation.**
> **These codes cannot be entered manually by the worker.**
> ***See Appendix A***

- No entry is required in the **OTH INS/MED** field for those individuals with a "DM" or "OU" participation code.

♦ SSDO

```
SSDO                    SSN / DATE OF BIRTH / SEX              11SEP03 12:20
                                                              HEALTH T
CASE NAME: NETWORK, I CARE                  CASE NUMBER: 00010711
                                                       DISBL  M
     NAME    REL      SSN     SS5 DATE VR    DOB     VR  S P A F BM C W CAAL
             MEDICARE NBR                            X G F S DM C I DATE
01 I CAR N  PI 345 87 6349 _____ HC  07JUN1975 HC  M _ _ _ _ _ _ _____
           ___ __ ____ ___     __
02 YOU C N  SP 389 48 3983 _____ HC  17SEP1977 HC  F _ _ _ _ _ _ _____
           ___ __ ____ ___     __
03 WEE C N  CH 389 89 5789 _____ HC  09OCT1998 HC  F _ _ _ _ _ _ _____
           ___ __ ____ ___     __




                                        MORE CLIENTS: _      NEXT--> ____
 4B                     :00.4                                          24/59
```

For all people coded IN, OU, or UB, PACMIS requires an entry in the:

▸ **Social Security Number field**; and

▸ **Date of Birth field.**

- A person must be the PI or the SP and age 19 or over to be coded 'IN'.

- Children under age 19 should be coded 'OC' or 'UB' participation.

➢ A child age 19 or over must be coded 'OU'.

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♦ **MASD**

```
MASD                   MARITAL STATUS \DEPRIVATION \COOPERATION    16SEP03 14:17
                                                                   HEALTH T
CASE NAME: NETWORK, I CARE                      CASE NUMBER: 00010711 MONTH: AUG03
                  MAR  DEP        CO      REASON    BASIS FOR      CAAL
      NAME    REL STA  RSN  VR    OP  VR  CLAIM     DETERMINATION  DATE
01 I CAR N    PI  MA   ND   HC    CO  HC   __          __          _____

02 YOU C N    SP  MA   ND   HC    __  __   __          __          _____

03 WEE C N    CH  NM   ND   HC    __  __   __          __          _____




IMMUNIZATION: _
                                                MORE CLIENTS: _  NEXT--> ____
 4B                       :00.3                                        07/19
```

▸ Entry is required in the:

- **MAR/STA** field, and

- **CO OP** field. Enter 'NR'. Duty of Support is not required for PCN. ***Note: A person sanctioned from Medicaid is not PCN eligible.***

8

♦ Income Screens

UNIE & UNEE All educational income is exempt. The Education income field has been removed from the authorization screen (PCIE).

UNIN	EAIN	SEEI

▸   The "CHIP AMT" field has been changed to "CHP\PC AMT".   Post CHIP and PCN income in "CHP\PC AMT" field, OR

▸   You may use the work screen to calculate the best estimate.

  •   To enter income on the CHP\PC work screen, post "C" in the "WS" field.

  •   *An asterisk is displayed if work screen information exists.

▸   Once income has been entered in the CHP\PC AMT field, a warning will appear if income is not posted in the "regular" Medicaid or ABD Medicaid fields. This is a only a reminder. If no further action needs to be taken, press enter again and proceed with the other PACMIS screens. However, if the case is open for other programs, consider any changes reported for calculating or recalculating a best estimate for Medicaid. The warning which appears is:

   "*WARNING* UPDATING W/O ALL INCOME AMOUNTS".

▸   PACMIS will use this income amount to determine income eligibility and to calculate the cost of coverage on the CWEC screen.

♦ EAIN

```
EAIN                          EARNED   INCOME                    11SEP03 13:02
                             PROSPECTIVE                           HEALTH T
CASE NAME: NETWORK, I CARE                    CASE NUMBER: 00010711 MONTH: AUG03
            S  W T SUB          MONTHLY MONTHLY   ABD     W  CHP\PC         CAAL
    NAME    RELN S Y TYP LS     AMOUNT  HOURS    AMOUNT   S    AMT    YR    DATE
            C    P
01 I CAR N PI __ _ WA __ _ TOTAL: 1225.00  120     0.00  _  1225.00 BE _____
                  _ __ __ _ TOTAL: _____ ____ _____  _ _____ __ _____
                  _ __ __ _ TOTAL: _____ ____ _____  _ _____ __ _____
02 YOU C N SP __ _ __ __ _ TOTAL: _____ ____ _____  _ _____ __ _____
                  _ __ __ _ TOTAL: _____ ____ _____  _ _____ __ _____
                  _ __ __ _ TOTAL: _____ ____ _____  _ _____ __ _____
03 WEE C N CH __ _ __ __ _ TOTAL: _____ ____ _____  _ _____ __ _____
                  _ __ __ _ TOTAL: _____ ____ _____  _ _____ __ _____
                  _ __ __ _ TOTAL: _____ ____ _____  _ _____ __ _____




     MORE INCOME: _    MORE CLIENTS: _    RETROSPECTIVE: _        NEXT--> ____
  4B█              :00.5                                              24/76
```

For income to count toward PCN eligibility, it must be posted in the CHP/PC AMT field on all income screens.

10

♦ **EXPE**

New Expense Type = EC (Employee Cost)

```
EXPE                              EXPENSE                    11SEP03 13:08
                                PROSPECTIVE                    HEALTH T
   CASE NAME: NETWORK, I CARE                 CASE NUMBER: 00010711 MONTH: AUG03
                          W              MONTHLY      ABD              CAAL
          NAME      REL   S   TY   SUB   AMOUNT      AMOUNT    VR      DATE

   01   I CAR N    PI    _   EC   __     50.00       0.00     HC    _____
                         _   __   __   _____    _____   __    _____
                         _   __   __   _____    _____   __    _____
   02   YOU C N    SP    _   EC   __    150.00       0.00     HC    _____
                         _   __   __   _____    _____   __    _____
                         _   __   __   _____    _____   __    _____
   03   WEE C N    CH    _   __   __   _____    _____   __    _____
                         _   __   __   _____    _____   __    _____
                         _   __   __   _____    _____   __    _____




   MORE EXPENSES: _    MORE CLIENTS: _    RETROSPECTIVE: _       NEXT--> ____
   4B█              :00.1                                              24/17
```

Determine the cost for each person to enroll in the employer-sponsored health insurance plan.

► Use factoring rules when figuring cost per individual.
  Don't forget, you can use the work screen to factor.

► Enter the EC code in the EXP TYP field and enter the cost of coverage for each person in the MONTHLY AMOUNT field.

CWEC uses the EC amount when calculating the % of the cost of coverage.

♦ **HOSU**

HOSU will appear after the EXPE screen in the application process.

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♦ **CWEC**

Covered At Work Employee Cost Screen (CWEC).

- ▸ Determines eligibility for CW based on household's gross income and the cost of coverage for each individual.

- ▸ CWEC will only show up for a benefit month where a client's OTH INS code is "A". CWEC is attached to and appears before PCIE.

  - • PCIE cannot be accessed until CWEC changes the "A" to another code.

- ▸ Once CWEC has changed the "A" to another code, it cannot be accessed unless you go back to ETRC and enter an "A" again in the OTH INS field.

No Nexting to CWEC!

**CWEC will do a new calculation
if you change the OTH INS code
on ETRC back to an A.**

CWEC Screen Data Elements

▸ **CLIENT NAME -** Name of each person with an "A" entered in OTH INS IND field on ETRC.

▸ **COST OF INSURANCE -** The amount required to obtain employer-sponsored health insurance coverage for each individual. This is the "EC" amount that was posted on EXPE.

▸ **HH GROSS INCOME -** Household's total countable gross earned and unearned income for the benefit month.

```
CWEC                          COVERED AT WORK                11SEP03 13:14
                         EMPLOYEE COST OF INSURANCE           HEALTH T
CASE NAME: NETWORK, I CARE                    CASE NUMBER: 00010711 MONTH: AUG03
              OTH     COST OF    HH GROSS
      NAME    INS REL INSURANCE  INCOME   ┌─────────────────────────────┐
                                          │ CW DETERMINE MESSAGE         │
01    I CAR N   A  PI     50.00   1225.00 │ COST OF INS PERCENT IS <= 5 %,│
                                          │ NOT ELIGIBLE FOR CW.         │
                                          │ OTH INS WILL BE CHANGED TO   │
                                          │ "F".  IF CURRENTLY ELIGIBLE PC│
                                          │ CAN CONT UNTIL END OF CERT   │
                                          │ PERIOD.  CHANGE F TO N OR M. │
                                          │                              │
02    YOU C N   A  SP    150.00   1225.00 │ COST PERCENT > 5 % AND <= 15%│
                                          │ OTH INS WILL BE CHANGED TO L.│
                                          │ IF CURRENTLY ELIG FOR PC AND │
                                          │ CHOOSE NOT TO ENROLL IN EMP  │
                                          │ COV, CAN CONT UNTIL END OF   │
                                          │ CERT PERIOD. CHANGE L TO N/M.│
                                          └─────────────────────────────┘

CLIENT HAS ACCESS TO INS-MUST DETERMINE CW ELIG FIRST- PCIE IS NEXT SCREEN

                                                      NEXT--> ____
 4B■              ⏱:00.3                                        24/76
```

CWEC Calculation

▸ CWEC compares the Cost of Coverage information posted on EXPE for each individual to the household income posted on the income screens for the benefit month and determines the percentage.

- Screen will calculate Cost of Coverage % for any benefit month during the certification period.

  ✓ This calculation is separate from the income eligibility determination made on PCIE. PCIE uses income from the month determined eligible for the entire certification period.

- **RESULTS -** Displays the eligibility decision, along with follow-up instructions. Each individual may have different cost %. Results displayed will be for eligibility determinations made in the initial or first month of the certification period. See table below for Result Displays.

SEE APPENDIX "A" FOR ETRC CODES
(Last page of this workbook)

CWEC AND ETRC CODES

Cost of Coverage	"A" Code Change	Results Displays
CWEC determines Cost of Coverage is less than or equal to 5% and auto changes the A code to F because the person is not eligible for either PC or CW. However, a recipient may remain on PC until the end of the certification period if they chose not to enroll in the employer-sponsored coverage. Change the ETRC OTH INS code to M or N.		
Less than or equal to 5%	Auto changes to F	COST OF INS % IS < OR = 5%, NOT ELIGIBLE FOR CW. OTH INS WILL BE CHANGED TO "F". IF CURRENTLY ELIGIBLE PC CAN CONT UNTIL END OF CERT PERIOD. CHANGE F TO N OR M.

CWEC determines Cost of Coverage is greater than 5% but less than or equal to 15%and auto changes the A code to L because the person is eligible for CW. However, to be CW eligible, a person must enroll in the employer-sponsored coverage. A recipient who chooses not to enroll may remain PC eligible until the end of the end of the certification period. Change the ETRC OTH INS code to N or M.		
More than 5% but less than or equal to15%	Auto changes to L	COST PERCENT > 5% AND < = TO 15%. OTHER INS WILL BE CHANGED TO "L". IF CURRENTLY ELIGIBLE FOR PC AND CHOOSE NOT TO ENROLL IN EMP COV, CAN CONT UNTIL END OF CERT PERIOD. CHANGE L TO N/M.

CWEC determines Cost of Coverage is greater than 15%. Applicant or recipient has the option to remain on PC and not enroll in the employer-sponsored coverage or choose CW and enroll in the employer-sponsored coverage.		
More than 15%	Worker must enter either the CW or PC code on CWEC and press ENTER. ⮩If the choice is CW, the C code is auto entered in the OTH INS field on ETRC. ⮩If the choice is PC, the P code is auto entered in the OTH INS field on ETRC.	EMPLOYEE COST > 15%. CHOOSE PRIMARY CARE WAIVER (PC) OR COVERED AT WORK (CW).

♦ **ETRC ~ AGAIN ... AFTER CWEC FIGURED COST %**

```
ETRC          ETHNIC / RESIDENCY / CITIZENSHIP / IDENTITY / SCHOOL   11SEP03 13:31
                                                                      HEALTH T
CASE NAME: NETWORK, I CARE                       CASE NUMBER: 00010711 MONTH AUG03
ID: Y VR: HC HH LANGUAGE CODE: EN TPL: Y DATE: 05AUG03 UM TPL:   DATE:
                                          SCH  SCH FS      OTH   CAAL
      NAME     REL ETH CIT VR  RES VR   CODE  ST  EX  VR   INS   DATE
01 I CAR N  PI  WH  US  HC  RE  HC    NOT  NA  __  CS    F     _____

02 YOU C N  SP  WH  US  HC  RE  HC    NOT  NA  __  CS    L     _____

03 WEE C N  CH  WH  US  HC  RE  HC    NOT  NA  __  CS    N     _____




                                                 MORE CLIENT: _    NEXT--> ____
4B█                    :00.4                                               24/75
```

▸ You do not have to go back to the ETRC screen again. CWEC screen automatically changed the OTH INS code on ETRC for PI and spouse.

- PI was changed from an **A** to an **F**. The PI is not eligible for CW or PC. PI's SEPA code needs to be changed from IN to DM.

- SP was changed from an **A** to an **L** and is eligible for CW.

SEE APPENDIX "A" FOR ETRC CODES

♦ **SEPA ~ WHEN INDIVIDUAL FAILS PC & CW ELIGIBILITY BECAUSE OF COST OF COVERAGE**

PI's Cost of Coverage is less than 5% so they are not eligible for either PC or CW. Their SEPA participation code needs to be changed from IN to DM. If this is not done, the entire case fails eligibility on PCIE.

```
 SEPA                        SETUP PARTICIPATIONS            11SEP03 13:37
                                                             HEALTH T
 CASE NAME: NETWORK, I CARE               CASE NUMBER: 00010711 MONTH:  AUG03
              PGM  CAT/    START INELG INELG    PGM  CAT/   START INELG INELG
      NAME   REL  SUB  COV PART DAY  RSN   DATE   SUB  COV PART DAY  RSN   DATE
 01 I CAR N  PI PC      DM  5    __  _____
 02 YOU C N  SP PC      IN   5   __  _____
 03 WEE C N  CH PC      OC   5   __  _____




 SPECIAL PROJECT INDICATOR-->
 HH TAX DEP: __       MORE PROGRAMS: _    MORE CLIENTS: _         NEXT--> ____
 4B■                 :00.6                                          24/76
```

▸ Must roll through SSDO, ETRC and MASD screens again before going to PCIE.

17

♦ PCIE

```
* INFO *      TO ESTABLISH PC START AND END DATES, PLEASE ENTER THROUGH SCREEN
PCIE                    PRIMARY CARE INCOME ELIGIBILITY              11SEP03 14:14
                                                                        HEALTH T


CASE NAME: NETWORK, I CARE                   CASE NUMBER: 00010711 MONTH: AUG03
HH SIZE  : 03                                DATE DETERMINED ELIGIBLE: 05AUG03


_ EMPLOYMENT INCOME          :    1225.00
_ SELF-EMPLOYMENT INCOME     :       0.00

        TOTAL EARNED INCOME:     1225.00    _ TOTAL UNEARNED INCOME :      0.00

                                            TOTAL COUNTABLE INCOME  :   1225.00
* ENROLLMENT FEE REQUIRED *
                                              INCOME LIMIT :   1908.00
BENEFIT AUTHORIZATION: ⌈ PROTECTED ⌋

ISS REASON: IN    ISS INDICATOR: MO                  PAYEE SETUP REQ: N
CERTIFICATION END DATE: AUG04
HOLD REASON: _____
HOLD REMINDER DATE: _____


IS ELIGIBLE - ENROLLMENT FEE REQUIRED                           NEXT--> _____
```

▶ **PCIE** is the eligibility determination screen which compares the household size and countable income to 150% of the Federal Poverty Level. For the benefit month, the PCIE screen will determine:

- Household size (counts all coded IN, DM, OC or UB); AND

- Accumulate all the income (counts income of all coded IN or DM);

   Note: For Covered at Work, do not enter through PCIE until the month they enroll in the employer-sponsored coverage.

▶ **Date Determined Eligible** field is the date of application or recertification. PACMIS sets the date in this field.

▶ **Enrollment Fee Required** - payment of the enrollment fee is required before the benefit can be authorized. The benefit authorization field is protected and will prevent a benefit from being authorized before the fee has been collected. If the case passes eligibility, but the enrollment fee has not been paid, the message at the bottom of the screen will read: IS ELIGIBLE - ENROLLMENT FEE REQUIRED. **PCIE screen must be entered through before payment of the enrollment fee can be entered on the PRCE screen.**

- **Benefit Authorization** field is **PROTECTED** and will prevent a benefit from being authorized before the fee has been collected.
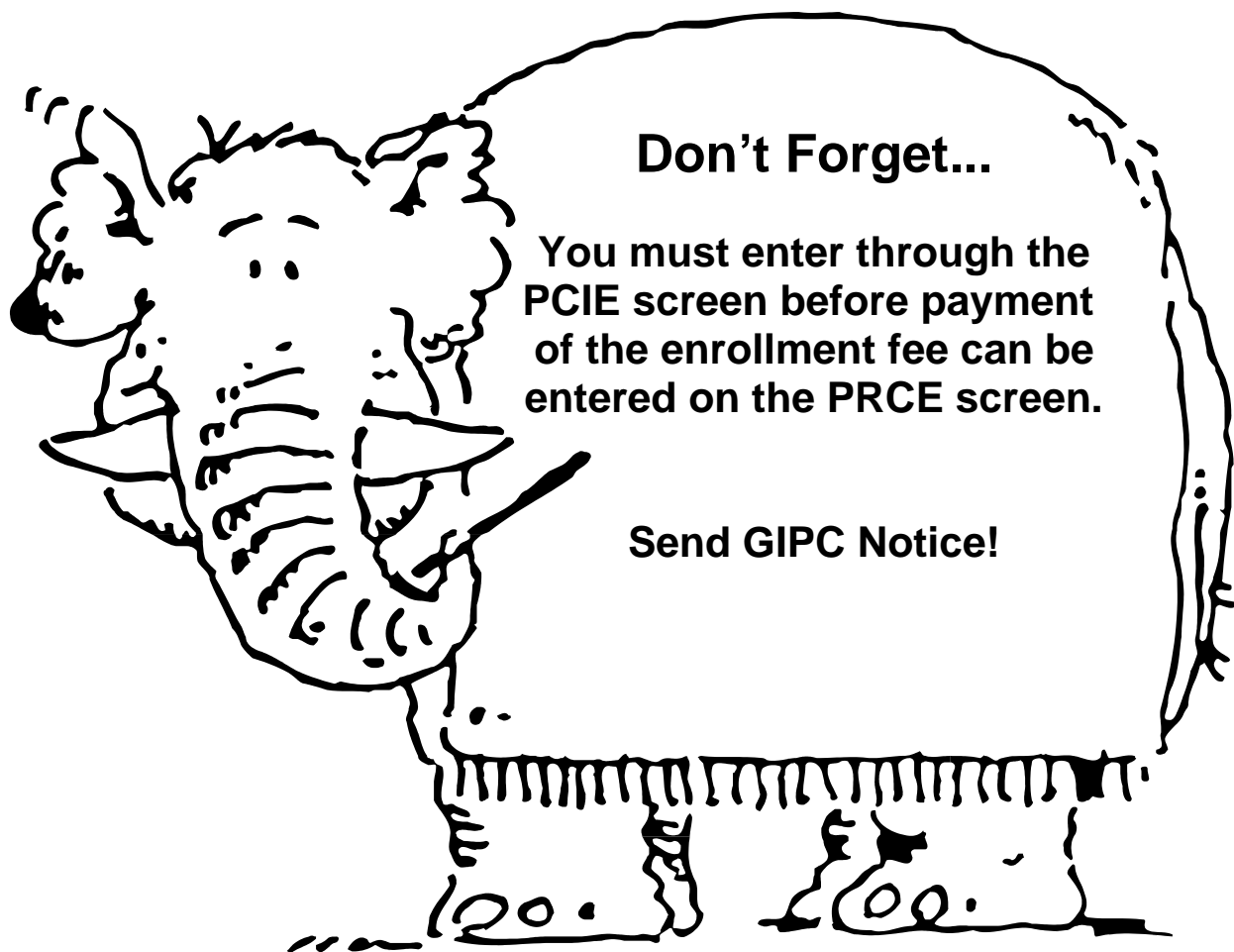
18

- **Manually Determine the Enrollment Fee Amount**

How to Manually Determine the PCN Enrollment Fee

PACMIS will eventually be programmed to determine the amount of the enrollment fee. However, for now manually determine the amount that each PCN household must pay.

1. Compare the countable income on the PCIE screen to the 50% poverty income level. (See InfoSource Table XII.)
    - Individuals or couples with income below 50% of poverty will pay a $25 enrollment fee
    - Individuals or legally married couples who receive cash assistance under the General Assistance Program through the Department of Workforce Services will pay a $15 enrollment fee.
    - All other individuals or couples will pay a $50 enrollment fee.

2. Enter the appropriate enrollment fee amount on the PCN approval notice.

▸ **Send the GIPC notice** to inform the client that the enrollment fee is required.

   - Do not send the GIPC notice to people who have access to employer-sponsored coverage at a cost of more than 15% and may choose either the Primary Care Network program or the Covered at Work program until they have made their choice. If their choice is to:

      - Enroll in the Primary Care Network program send the GIPC notice.

      - Enroll in the employer-sponsored coverage, verify the date they enrolled in the employer coverage before requesting payment of the enrollment fee.

         ➢ Change the date of application to the date they enrolled in the employer coverage.

         ➢ Send the GIPC notice.

▸ **Document on the CAAL screen** which amount the household must pay and enter that amount on the GIPC notice when the eligibility determination is made. Business office workers will look at the CAAL screen or the notice to determine how much they should collect when the PCN client comes in to pay the enrollment fee.

Don't Forget...

You must enter through the
PCIE screen before payment
of the enrollment fee can be
entered on the PRCE screen.

Send GIPC Notice!

♦ **PCED**

```
PCED                    PC - ELIGIBILITY DETERMINATION          11SEP03 14:41
                                                                    HEALTH T
CASE NAME: NETWORK, I CARE                     CASE NUMBER: 00010711 MONTH: AUG03
ELIGIBILITY        HOUSE-
   FACTOR          HOLD  _____ INDIVIDUALS _____
                          DM          IN         OC
                          I CAR N     YOU C N    WEE C N

RESIDENCY          PASS  PASS        PASS        PASS
OTHER INSURANCE    PASS  PASS        PASS        PASS
SOCIAL SECURITY    PASS  PASS        PASS        PASS
INCOME             PASS  N/A          N/A         N/A
CLIENT AGE         PASS  PASS        PASS        PASS
CITIZENSHIP        PASS  PASS        PASS        PASS
TPL CO-OPER        PASS  PASS        ????        ????
DOS-COOP           PASS  PASS        ????        ????




INELIGIBILITY DATE :
DENIAL CLOSURE REASON: __   AUTHORIZE: _   MORE FACTORS: _   MORE CLIENTS: _
PASSED - ELIGIBLE FOR BENEFITS                                NEXT--> _____
 4B                      :00.4                                         23/60
```

Total Countable Income is compared to 150% of the federal poverty guideline for the household size.

▸ **Pass:** If income is below or equal to 150% of the federal poverty guideline for the household size, the case meets the income requirements.

▸ **Fail:** If income is above 150% of the federal poverty guideline for the household size, the case does not meet the income requirements.

▸ If the household is ineligible for any reason, enter the closure code on this screen.

> ***If case fails income, use the "GI" closure code
> and send the MDPC or MCPC closure notice.***

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♦ PRCE

The worker must enter through the PCIE screen and the PC program must have passed all eligibility factors on the PCED screen for the month before an enrollment fee can be collected by the business office. Once the business office receives the payment they will record it on the PRCE screen.

```
  * INFO *     IF CORRECT ENTER AUTHORIZATION PCN
  PRCE                       PRIMARY CARE ENROLLMENT FEE           11SEP03 14:29
                                                                      HEALTH T
   CASE NAME:  NETWORK, I CARE                    CASE NUMBER: 00010711

                                                  BENEFIT MONTH:  AUG03

     ELIGIBILITY START DATE: 05AUG03 THRU THE LAST DAY OF AUG04

  DATE ENROLLMENT FEE PAID (DDMMMYY): 10AUG03

                     TYPE OF PAYMENT: CK     CHECK

  PERSONS COVERED BY THE PAYMENT:

   NAME               REL          DOB         PC ELIG END
   YOU C N            SP        17SEP1977         AUG04




   WORKER AUTHORIZATION: 0498                            NEXT--> *____
  4B■                  ⚙:00.3                                   24/76
```

A business office worker will complete the entry fields as listed below:

▸   **DATE ENROLLMENT FEE PAID** - enter the date the enrollment fee is paid.

  •   The payment date can only be deleted if the PC benefit has not been issued. If the date is deleted, all unissued PC benefits will be de-authorized. To clear the fields, you **MUST USE THE SPACE BAR**. Using the DELETE or END key will not remove the entry.

  •   **TYPE OF PAYMENT** - Enter the appropriate 2 character code. Once the code is entered, PRCE will display the definition for the code. The following are the payment code choices:

     ➢ **CA**   Cash
     ➢ **CK**   Check
     ➢ **OT**   Other
     ➢ **PP**   Prior Payment is effective for this eligibility period.

  •   **AUTHORIZATION** is required whenever **DATE ENROLLMENT FEE PAID** is entered, changed or deleted.

♦ EWAL ALERT

```
* INFO *     ENTER TO RECEIVE VISUAL CONFIRMATION SCREEN
EWAL                           EW ALERTS                    11SEP03 14:51
                                                               HEALTH T
CASE NAME: NETWORK, I CARE              CASE NUMBER: 00010711
  PRI DRO: HHH TEAM: 1 CASELOAD: 01 - TRAINING, HEALTH
  CC  DRO:     TEAM:   CASELOAD:    -
  MED DRO:     TEAM:   CASELOAD:    -
  EMP DRO:     TEAM:   CASELOAD:    -
  E&T DRO:     TEAM:   CASELOAD:    -


NOTICE                                  DUE  SENDER    - ACTIVE WORKERS -
NUMBER MESSAGE                          DATE  PCN    PRI CC  MED EMP E&T
       PC ENROLLMENT FEE PAID         11SEP03 HHHH     Y
       _____ _____        _
       _____ _____        _
       _____ _____        _
       _____ _____        _
       _____ _____        _
       _____ _____        _
       _____ _____        _
       _____ _____        _
       _____ _____        _

  CONTINUE (Y OR N)--> Y                             NEXT--> ____
  4▣■            ⌀:01.0                                      14/09
```

Once the business office has entered the payment on the PRCE screen, PACMIS will generate an EWAL alert notifying the worker that the enrollment fee has been paid. The worker should then approve PCN by authorizing the PCIE screen.

Note: *Local offices may implement their own procedures for collecting enrollment fees.*

♦ PCIE ~ AGAIN!

```
PCIE                    PRIMARY CARE INCOME ELIGIBILITY              11SEP03 14:47
                                                                     HEALTH T

CASE NAME: NETWORK, I CARE                      CASE NUMBER: 00010711 MONTH: AUG03
HH SIZE  : 03                                   DATE DETERMINED ELIGIBLE: 05AUG03


_ EMPLOYMENT INCOME          :    1225.00
_ SELF-EMPLOYMENT INCOME     :       0.00

        TOTAL EARNED INCOME:    1225.00    _ TOTAL UNEARNED INCOME :      0.00

                                             TOTAL COUNTABLE INCOME  :   1225.00
*** ENROLLMENT FEE PAID ***
                                               INCOME LIMIT :    1908.00

BENEFIT AUTHORIZATION: HHHH

ISS REASON: IN     ISS INDICATOR: MO                     PAYEE SETUP REQ: N
CERTIFICATION END DATE: AUG04
HOLD REASON: _____
HOLD REMINDER DATE: _____

IS ELIGIBLE - AUTHORIZATION REQUIRED                          NEXT--> _____
 4B█                    ☼:00.3                                          24/76
```

Once the Enrollment Fee is paid the BENEFIT AUTHORIZATION field is no longer protected. Enter your authorization number to approve PCN. Send **MMPC** approval notice.

▸ **Certification End Date** field is set by PACMIS and is one year (12 months) from the date of application or recertification.

♦ Auto Denial For Non-Payment Of Enrollment Fee

The PC program type will auto-deny after 60 days unless the enrollment fee has been paid.

▸ If the enrollment has been paid, PACMIS will create an alert **PC FEE PD - TAKE APP ACTION**.

♦ CAP2

```
CAP2                          CASE PROFILE - PAGE  2                    11SEP03 14:58
                                                                       HEALTH T
   CASE NAME: NETWORK, I CARE                    CASE NUMBER: 00010711 MONTH: AUG03


  PROGRAM        CVG  PRG  HH  BENEFIT    APP      PROG     STATUS   CL   REV    CUR
  TYP/SUB  CAT  GRP  ALT  SZ  EFF DAT  RECEIVE  STATUS    DATE     DE   DUE    MON
   PC                    03  05AUG03  05AUG03  OPEN     11SEP03        AUG04  AUG03

          CLIENT              CLIENT ID    DOB               PER     PROGRAM TYPE
           NAME                  SSN       AGE     REL  SEX  ALT   PC
  NETWORK, I CARE            070046118  07JUN1975  PI    M          DM
                            345-87-6349    028
  NETWORK, YOU CARE         080046118  17SEP1977  SP    F          IN
                            389-48-3983    026
  NETWORK, WEE CARE         070046119  09OCT1998  CH    F          OC
                            389-89-5789    004




          VIEW PRIOR MONTH CLIENT INFO (MMMYY): _____        NEXT--> ____
  4B                    :00.3                                             24/75
```

CAP2 will show a case is open for the Primary Care Network,
but will not distinguish between PC and CW. It will just show PC.

♦ MEBH

```
 * INFO *      END OF DISPLAY REACHED
 MEBH                     MEDICAL BENEFIT HISTORY SCREEN            11SEP03 15:00
                                                                   HEALTH T
 CASE NAME:     NETWORK, I CARE                  CASE NUMBER: 00010711

 BEN    PGM        CVG            MAIL        EXCESS    DOC  ISS  ISS  S
 MTH    TYP   CAT  GRP  NAME      DATE        AMOUNT    STA  RSN  IND  I  PCN
 AUG03  PC CW       YOU C  N                    0.00         IN   MO      HHHH












               PROGRAM TYPE: __        BENEFIT MONTH: _____        NEXT--> ____
 4B█                    :00.6                                            24/75
```

▶ MEBH displays which PCN program a person is eligible for by
   showing either a PC or CW indicator after the PC Program Type.
   This indicator is based on the OTH INS code on ETRC and will not
   show on any other screen.

   • **PC** - individual is eligible for the Primary Care Network
     program. ETRC OTH INS code is M, N, or P.

   • **CW** - individual is eligible for the Covered at Work program.
     ETRC OTH INS code is L or C.

• **EXAMPLE - COST OF COVERAGE EXCEEDS 15%**

Scenario:

Employer-sponsored health insurance is available to the PI through his employer. The PI's monthly premium cost to enroll in the coverage is $100 and the cost to enroll his spouse is an additional $25. Since he must be enrolled for her to enroll, her premium cost = $125.

▸ Code the both the PI and Spouse **IN** on **SEPA**.

▸ Since it's possible for both of them to enroll in employer-sponsored coverage, post an **A** in the **OTH INS** field on **ETRC**.

```
  ETRC         ETHNIC / RESIDENCY / CITIZENSHIP / IDENTITY / SCHOOL   07SEP03 14:51
                                                                          CAROLYN E
  CASE NAME: ENROLL, SHOULD I                  CASE NUMBER: 00029961 MONTH AUG03
  ID: Y VR: HC HH LANGUAGE CODE: EN TPL: Y DATE: 20AUG03 UM TPL:   DATE:
                                       SCH  SCH FS        OTH    CAAL
     NAME     REL ETH CIT VR  RES VR   CODE ST  EX  VR    INS    DATE
  01 SHOUL E  PI  WH  US  HC  RE  HC   NOT  NA  __  CS     A     _____

  02 SHALL E  SP  WH  US  HC  RE  HC   NOT  NA  __  CS     A     _____

                                              MORE CLIENT: _     NEXT--> ____
  4B■                 :01.7                                         24/75
```

▸ Complete information on the SSDO and MASD screens. Post all earned and unearned income on UNIN, EAIN & SEEI.

27

```
 EXPE                                 EXPENSE                    07SEP03 14:58
                                    PROSPECTIVE                   CAROLYN E
 CASE NAME: ENROLL, SHOULD I                      CASE NUMBER: 00029961 MONTH: AUG03
                          W                 MONTHLY     ABD                 CAAL
            NAME      REL  S   TY   SUB      AMOUNT      AMOUNT      VR      DATE

 01   SHOUL E   PI     _ | EC    __      100.00  |     0.00       HC     _____
                      __|  __    __   _____  |  _____      __     _____
                      __|  __    __   _____  |  _____      __     _____
 02   SHALL E   SP     _ | EC    __      125.00  |     0.00       HC     _____
                      __|  __    __   _____  |  _____      __     _____
                      __    __   __   _____     _____      __     _____




 MORE EXPENSES: _    MORE CLIENTS: _    RETROSPECTIVE: _          NEXT-->  ____
 4B                    :00.7                                              08/27
```

▸ Post the factored premium cost to enroll for each individual on **EXPE**
using the **EC** code type in the MONTHLY AMOUNT field.

28

▸ CWEC screen will determine the Cost of Coverage % for each individual.

- In this scenario, the Cost of Coverage exceeds15% for both the PI and his spouse. They both have the option to choose either PC or CW eligibility.

```
CWEC                          COVERED AT WORK                07SEP03 16:11
                         EMPLOYEE COST OF INSURANCE           CAROLYN E
CASE NAME: ENROLL, SHOULD I              CASE NUMBER: 00029961 MONTH: AUG03
            OTH     COST OF    HH GROSS
      NAME  INS REL INSURANCE  INCOME     CW DETERMINE MESSAGE

01   SHOUL E   A  PI   100.00   500.00  EMPLOYEE COST IS > 15%
                                        CHOOSE PRIMARY CARE WAIVER
                                        (PC) OR COVERED AT WORK (CW)    CW

02   SHALL E   A  SP   125.00   500.00  EMPLOYEE COST IS > 15%.
                                        CHOOSE PRIMARY CARE WAIVER
                                        (PC) OR COVERED AT WORK (CW)    PC

CLIENT HAS ACCESS TO INS-MUST DETERMINE CW ELIG FIRST- PCIE IS NEXT SCREEN

                                                        NEXT-->  ____
4B                    :00.9                                      24/76
```

Post code here for PI

Post code here for spouse

▸ The PI chooses CW and enrolls in the employer-sponsored coverage the month being authorized. Post the CW code in the blank line next to the PI's Cost Determination Message.

▸ The Spouse chooses PC and does not want to enroll in the employer-sponsored coverage. Post the PC code in the blank line next to the spouse's Cost Determination Message.

29

```
ETRC        ETHNIC / RESIDENCY / CITIZENSHIP / IDENTITY / SCHOOL   07SEP03 16:33
                                                                   CAROLYN E
CASE NAME: ENROLL, SHOULD I              CASE NUMBER: 00029961 MONTH AUG03
ID: Y VR: HC HH LANGUAGE CODE: EN TPL: Y DATE: 20AUG03 UM TPL:    DATE:
                                  SCH  SCH FS    OTH   CAAL
     NAME     REL ETH CIT VR  RES VR  CODE ST  EX  VR  INS   DATE
01 SHOUL E  PI  WH  US  HC   RE  HC   NOT  NA  __  CS   C    _____

02 SHALL E  SP  WH  US  HC   RE  HC   NOT  NA  __  CS   P    _____




                                             MORE CLIENT: _     NEXT--> ____
 4B█                    :01.1                                        05/06
```

▸   The CWEC screen has automatically changed the ETRC OTH INS
    code for both the PI and their Spouse.

   •   PI - CWEC changed **A** to **C**.

   •   Spouse - CWEC changed **A** to **P**.

30

▸ PCIE determines that case is eligible for PCN. Worker enters through the PCIE screen and sends the GIPC notice.

▸ The enrollment fee is paid and the payment is posted on PRCE.

▸ EWAL alert is generated to worker that enrollment fee is paid and PCIE needs to be authorized.

```
PCIE                PRIMARY CARE INCOME ELIGIBILITY            07SEP03 15:10
                                                                  CAROLYN E

CASE NAME: ENROLL, SHOULD I              CASE NUMBER: 00029961 MONTH: AUG03
HH SIZE  : 02                            DATE DETERMINED ELIGIBLE: 20AUG03


_ EMPLOYMENT INCOME        :    500.00
_ SELF-EMPLOYMENT INCOME   :      0.00

        TOTAL EARNED INCOME:    500.00   _ TOTAL UNEARNED INCOME :      0.00

                                         TOTAL COUNTABLE INCOME  :    500.00
*** ENROLLMENT FEE PAID ***
                                           INCOME LIMIT :    1515.00
BENEFIT AUTHORIZATION: 0498

ISS REASON: IN    ISS INDICATOR: MO               PAYEE SETUP REQ: N
CERTIFICATION END DATE: AUG04
HOLD REASON: _____
HOLD REMINDER DATE: _____

IS ELIGIBLE - AUTHORIZATION REQUIRED                     NEXT--> _____
4B                    :00.7                                      19/14
```

▸ Worker authorizes PCIE and sends proper approval notice.

```
* INFO *     END OF DISPLAY REACHED
MEBH                    MEDICAL BENEFIT HISTORY SCREEN              07SEP03 21:02
                                                                    CAROLYN E
CASE NAME:    ENROLL, SHOULD I                CASE NUMBER: 00029961

BEN    PGM          CVG       MAIL      EXCESS   DOC  ISS  ISS  S
MTH    TYP   CAT  GRP  NAME    DATE      AMOUNT   STA  RSN  IND  I   PCN
AUG03  PC CW          SHOUL  E             0.00        IN   MO      0498
          PC           SHALL  E

                PROGRAM TYPE: __     BENEFIT MONTH: _____      NEXT--> ____
4B                      :01.0                                        24/75
```

▸　　MEBH shows PI is eligible for the Covered at Work program by showing a CW indicator after the PC Program Type.

▸　　MEBH shows the spouse is eligible for the Primary Care Network program by showing a PC indicator after the PC Program Type.

♦ ISSUANCE

▸ **PC** - A medical card will issue. It's yellow color identifies PC eligibility to cover primary care services only.

▸ **CW** - No medical card will issue. The only benefit is a monthly reimbursement check for employer-sponsored health insurance coverage.

♦ ENROLLMENT FEE

A new enrollment fee is required at every initial certification period (every 12 months).   Follow these rules when setting up PCN cases:

▸ If PI is eligible CW and spouse is eligible PC, (or visa versa), set them up on the same case and only collect one enrollment fee.

▸ If both the PI and the spouse have access to insurance through their own employers, set them up on the same case and only collect one enrollment fee. The reimbursement check for the total amount will be sent to the PI.

▸ Do not collect a new enrollment fee when switching from PC to CW or visa versa.

♦   REVIEWS

At Review, all factors of eligibility must be review ed at the end of the original 12 month certification period.

> ▸   PACMIS will mail a preprinted PCN review form the month before the renewal is due.

> ▸   Rollover does not roll the case past the "**Certification End Date**" displayed on **PCIE**.

> ▸   If the "**Certification End Date**" has not been updated by the time PACMIS runs the review close job, the case will auto close. An auto closure alert is sent to the worker and the auto closure notice, "XPRE", is sent to the client.

> ▸   The PCN review date shows on the PCIE and CAP2 screens.

> ▸   If PCN is added to an open CHIP case, update the CHIP review to match the PCN review date unless it affects CHIP premiums. *DWS Workers- Contact the CHIP worker to see if they want to update the CHIP review to match the PCN date.*

> ▸   If the review is not completed timely, the PCN case will auto close. The PCN case may be reverted to open and review updated if the client completes the review process by the end of the following month.

Updating a Review

Do not register PCN reviews on the **RERE** screen. The entire renewal process is done on the **PCIE** screen.   However, the **RERE** screen does show the date that the PCN review was mailed to the client.

Take These STEPS:

1.   When the review is received and complete, copy the case forward to the next month after the certification period ends. Copying the month past the certification end date is like registering the review.

2.   Establish your new best estimate and enter any changes on the appropriate screens.

3.   Do a Cost of Coverage recalculation for any person open CW in the month prior to the review month or who has access to employer-sponsored health insurance coverage. (*See the next page for more information on reviews and Covered at Work eligibility.)*

4.   PCIE will tell you if the household is eligible for a new PCN enrollment period. If the household is eligible, enter through the PCIE screen and send the enrollment fee notice (GIPC).

5.   Payment of the enrollment fee needs to be entered on the PRCE screen by the business office.

6.   Once the fee is paid, enter your authorization code (PCN) in the "**benefit authorization**" field on the **PCIE** screen.

7.   PACMIS automatically changes the "**Date Determined Eligible**" and the "**Certification End Date**" on the **PCIE** screen to reflect the new review period.

8.   If the household is not eligible for a new PCN enrollment period, enter the closure code on **PCED**.

<div style="border:1px solid black; text-align:center;">

PCN Review Date will show on PCIE and CAP2.

</div>

Reviews and Covered at Work

The review form and procedures are the same for CW as PC.

At the end of the certification period, all eligibility requirements need to be re-evaluated. This includes doing a Cost of Coverage recalculation for any person open CW in the month prior to the review month or who has access to employer-sponsored health insurance coverage.

At review, along with updating all other factors of eligibility, TAKE THE FOLLOWING ACTION TO DETERMINE THE COST OF COVERAGE FOR THE NEW CERTIFICATION PERIOD.

▸　　Look at SEPA and make sure any PI or spouse who was open CW in the prior month or has access to employer-sponsored coverage is coded **IN**.
▸　　Code OTH INS field **A** on ETRC.
▸　　Enter **factored** income on income screens.
▸　　Enter **factored** premium cost to enroll in employer coverage on EXPE using the EC code.
▸　　Let CWEC figure Cost of Coverage % and determine eligibility.
▸　　Pass through PCIE.
▸　　Collect Enrollment Fee.
▸　　Authorize PCIE.

AT REVIEW REMEMBER:

ETRC OTH INS code needs to be changed to an "A" for any person on CW or with access to employer-sponsored insurance.

```
* WARNING *   CLIENT ENROLLMENT FEE DATES NOT IN SYNC.  SEE PRCE SCREEN.
PCIE                 PRIMARY CARE INCOME ELIGIBILITY            26OCT04 20:45
                                                                    CAROLYN E


CASE NAME: COVERED, CAN I BE             CASE NUMBER: 00029934 MONTH: SEP04
HH SIZE  : 04                            DATE DETERMINED ELIGIBLE: 04AUG03



_ EMPLOYMENT INCOME           :    1025.00
_ SELF-EMPLOYMENT INCOME      :       0.00


        TOTAL EARNED INCOME:    1025.00    _ TOTAL UNEARNED INCOME :      0.00

                                           TOTAL COUNTABLE INCOME  :   1025.00
* ENROLLMENT FEE REQUIRED *
* HAS OTH INS BEEN CHANGED TO "A" ON ETRC          INCOME LIMIT :   2300.00
BENEFIT AUTHORIZATION:

ISS REASON: RE     ISS INDICATOR: MO                 PAYEE SETUP REQ: N
CERTIFICATION END DATE: AUG05
HOLD REASON: _____
HOLD REMINDER DATE: _____

IS ELIGIBLE - ENROLLMENT FEE REQUIRED                         NEXT--> ____
4B ▪                 :01.3                                           24/76
```

During the review month, PACMIS will generate a reminder to do a new Cost of Coverage (or change the ETRC code to an "A") on the PCIE screen.

* HAS OTH INS BEEN CHANGED TO "A" ON ETRC?

This edit message will only appear on PCIE the first month of a new certification period before the enrollment fee is paid and when an individual on the case was coded on L, P or C in the OTH INS field on ETRC in the month prior to the review month.

♦ CHANGES REPORTED DURING A CERTIFICATION PERIOD

Changes can be made during the certification period to cases open PCN without doing a new income calculation for the certification period or collecting a new enrollment fee.

Information entered for the benefit month will be used when calculating the cost of insurance coverage, not what is entered for the first month of the certification period. Each individual's "EC" amount or cost for insurance coverage will be divided by the Household's Gross Countable Income to get the Cost of Insurance %.

> *Note: To recalculate the Cost of Coverage for the benefit month you must change the OTH INS code back to an A.*

When PC is open and client reports access to employer-sponsored insurance and chooses not to enroll, they can remain on PC until the end of the certification period. At the end of the certification period, determine eligibility for PC or CW based on Cost of Coverage.

**If the client gains access to insurance any time during their certification period,
CWEC screen will calculate.**

Adding or Removing a Spouse to the PCN Coverage

PACMIS allows individuals to be removed or added to the PCN household without changing the certification period.

Removing a Spouse From the PCN Coverage

1. Code the spouse DM or OU on SEPA. (If the spouse moved out of the household, remove them from this case and open them on their own case for the remainder of the certification period as long as they still live in Utah.)

2. Roll through mandatory screens making any necessary changes (IE: Spouse is no longer PCN eligible because he or she has obtained health insurance coverage. Code he or she DM on SEPA and change her OTH INS code on ETRC to Y.)

3. Authorize PCIE.

Adding a Spouse to the PCN Coverage

A spouse may be added to either PC or CW if they meet all eligibility requirements. Both spouses do not have to be on the same PCN program.

When adding an individual, the effective date of enrollment is the date of the request to add the person.

1. Add the spouse to the open PACMIS case and enter all required information. Individuals must pass all eligibility tests (age, residency, etc.) except income.

2. Check eligibility on the PCIE screen or the PCED screen if fails. PCIE will continue to display income from the month eligibility was determined. If eligible enter through PCIE.

3. The enrollment fee has already been paid for the certification period, but it must be authorized to include the spouse being added to the case. NEXT to PRCE . Enter your authorization code, then enter through the screen.

4.   Return to the PCIE screen, authorize and enter through the screen. (Make sure the case is authorized through the current PACMIS month.)

5.   If benefits have already been issued for the month, a new PCN card must be issued to include the spouse. NEXT to CARD and authorize a new PCN ID card.

6.   Check the MEBH screen to make sure the person has been added.

ETRC Changes When Adding a Spouse

▸   Only make ETRC changes to the person being added.

▸   Do not change the ETRC code for the person open PCN unless they also have a change.

Follow these steps if the spouse has access to employer-sponsored health insurance coverage for the benefit month they are being added:

▸   Add the spouse to the case and code them **IN** on SEPA.

▸   Post an **A** in the OTH INS field on ETRC for the individual.

▸   Post current factored income best estimate on the income screens. (This is just to calculate Cost of Coverage % and it will not change the income used to establish the certification period.)

▸   Post factored premium amount for the individual on EXPE.

▸   CWEC will calculate Cost of Coverage % for correct ETRC code.

   •   If eligible PC or CW, authorize PCIE.

        ✓   Order a duplicate card on the CARD screen.

   •   If not eligible, go back to SEPA and code the person "DM".
        Authorize PCIE.

Examples of PACMIS Screens Follow....

```
* INFO *      IF CORRECT ENTER AUTHORIZATION PCN
PRCE                    PRIMARY CARE ENROLLMENT FEE              19JUL03 22:01
                                                                    CAROLYN E
CASE NAME:  NETWORK, PC                   CASE NUMBER: 00027499

                                          BENEFIT MONTH:  JUL02

   ELIGIBILITY START DATE: 05JUL02 THRU THE LAST DAY OF JUN03

DATE ENROLLMENT FEE PAID (DDMMMYY): 06JUL02

                 TYPE OF PAYMENT: CK     CHECK

PERSONS COVERED BY THE PAYMENT:

 NAME                REL        DOB        PC ELIG END
PC     N             PI      23MAY1954       JUN03




  WORKER AUTHORIZATION: 0498                         NEXT--> ____
```

PRCE before the spouse is added.

```
* WARNING *   CLIENT ENROLLMENT FEE DATES NOT IN SYNC.  SEE PRCE SCREEN.
PCIE                    PRIMARY CARE INCOME ELIGIBILITY          19JUL03 22:16
                                                                    CAROLYN E

CASE NAME: NETWORK, PC                  CASE NUMBER: 00027499 MONTH: SEP02
HH SIZE  : 01                           DATE DETERMINED ELIGIBLE: 05JUL02


_ EMPLOYMENT INCOME          :     500.00
_ SELF-EMPLOYMENT INCOME     :       0.00

        TOTAL EARNED INCOME:     500.00    _ TOTAL UNEARNED INCOME :      0.00

                                          TOTAL COUNTABLE INCOME  :    500.00
*** ENROLLMENT FEE PAID ***
                                            INCOME LIMIT :   1108.00
BENEFIT AUTHORIZATION:

ISS REASON: RE     ISS INDICATOR: MO             PAYEE SETUP REQ: N
CERTIFICATION END DATE: JUN03
HOLD REASON: _____
HOLD REMINDER DATE:

IS ELIGIBLE - BUT PC END DATES ARE NOT IN SYNC            NEXT--> ____
```

PCIE shows spouse is eligible. Enter.

```
* ERROR *    CLIENT ENROLLMENT FEE DATES NOT IN SYNC. PLEASE AUTH
PRCE                    PRIMARY CARE ENROLLMENT FEE              19JUL03 22:19
                                                                    CAROLYN E
CASE NAME:  NETWORK, PC                   CASE NUMBER: 00027499

                                          BENEFIT MONTH:  SEP02

   ELIGIBILITY START DATE: 05JUL02 THRU THE LAST DAY OF JUN03

DATE ENROLLMENT FEE PAID (DDMMMYY): 06JUL02

                 TYPE OF PAYMENT: CK     CHECK

PERSONS COVERED BY THE PAYMENT:

 NAME                REL        DOB        PC ELIG END
PC     N             PI      23MAY1954       JUN03
PC'S   N             SP      30JUN1960



  WORKER AUTHORIZATION: 0498                         NEXT--> ____
```
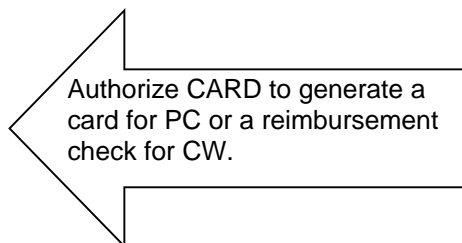
PRCE - authorize previously paid enrollment fee to include added spouse. Enter.

```
* INFO *     DATA DISPLAYED FROM MONTH DETERMINED ELIGIBLE
PCIE                  PRIMARY CARE INCOME ELIGIBILITY            19JUL03 22:33
                                                                 CAROLYN E

CASE NAME: NETWORK, PC                   CASE NUMBER: 00027499 MONTH: SEP02
HH SIZE  : 01                            DATE DETERMINED ELIGIBLE: 05JUL02


_ EMPLOYMENT INCOME        :     500.00
_ SELF-EMPLOYMENT INCOME   :       0.00

         TOTAL EARNED INCOME:     500.00    _ TOTAL UNEARNED INCOME :      0.00

                                           TOTAL COUNTABLE INCOME  :    500.00
*** ENROLLMENT FEE PAID ***
                                             INCOME LIMIT :   1108.00
BENEFIT AUTHORIZATION: 0498

ISS REASON: RE     ISS INDICATOR: MO               PAYEE SETUP REQ: N
CERTIFICATION END DATE: JUN03
HOLD REASON: _____
HOLD REMINDER DATE:

IS ELIGIBLE - AUTHORIZATION REQUIRED                       NEXT--> _____
█▊█              ▒:00.6                                    24/76
```

Authorize PCIE.
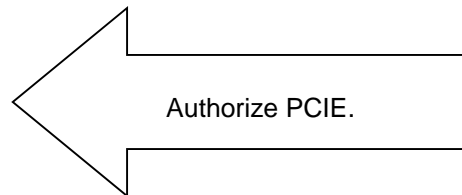
```
CARD                   CARD REPLACEMENT DISTRIBUTION          19JUL03 22:38
                                                             CAROLYN E
CASE NAME:    NETWORK, PC                 CASE NUMBER: 00027499

BENEFIT MONTH:  SEP02



                       PROGRAM TYPE     TO ORDER
ADDITIONAL MEDICAL ID CARD      PC              Y
ADDITIONAL BUS PASS
ADDITIONAL FOOD STAMP ID CARD                   _




WORKER AUTHORIZATION: 0498                            NEXT--> _____
█▊█              ▒:01.1                               24/76
```

Authorize CARD to generate a card for PC or a reimbursement check for CW.

```
* INFO *     END OF DISPLAY REACHED
MEBH                   MEDICAL BENEFIT HISTORY SCREEN          19JUL03 22:36
                                                              CAROLYN E
CASE NAME:    NETWORK, PC                 CASE NUMBER: 00027499

BEN      PGM      CVG             MAIL     EXCESS    DOC  ISS  ISS
MTH      TYP  CAT GRP   NAME      DATE     AMOUNT    STAT RSN  IND  SPI
SEP02    PC           PC     N               0.00         RE   MO
                      PC'S   N
AUG02    PC           PC     N               0.00         RE   MO
JUL02    PC           PC     N               0.00         IN   DA




           PROGRAM TYPE: ___      BENEFIT MONTH: _____     NEXT--> _____
█▊█              ▒:01.0                                     24/75
```
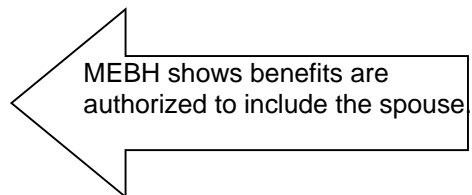
MEBH shows benefits are authorized to include the spouse.

♦ OTHER CHANGES

ENROLLS IN EMPLOYER-SPONSORED COVERAGE - OPEN PC

▸ A recipient must report within10 days that they have enrolled in employer-sponsored coverage and their cost must exceed 5% in order to switch to Covered at Work.

- Cost does not exceed 5%, no longer eligible.

- Does not report within 10 days, no longer eligible.

GAINS ACCESS TO EMPLOYER-SPONSORED COVERAGE - OPEN PC

▸ A PC recipient who gains access to employer-sponsored health insurance may switch to CW if they meet the Cost of Coverage requirement.

Determine the Cost of Coverage for the benefit month:

- Change individual's ETRC code to A.
- Post current factored income on income screens.
- Post factored premium amount for the individual on EXPE.

CWEC calculated Cost of Coverage:

- 5-15% - Person may switch to CW if they **CHOOSE TO ENROLL**. CWEC will change the ETRC code to L. Authorize PCIE through the current issuance month.

- Exceeds15% - Person may change to CW if they **CHOOSE TO ENROLL**. Post correct code on CWEC. If chooses to switch to CW, enter the CW code on CWEC. This will change the ETRC OTH INS code to C. Authorize PCIE through the current issuance month.

▸ A recipient who **CHOOSES NOT TO ENROLL** in employer-sponsored coverage may remain open for PC no matter what their Cost of Coverage % is until the end of the certification period.

- At the end of the certification period all factors of eligibility must be considered, including Cost of Coverage.

COST OF COVERAGE CHANGES - OPEN CW

**WHEN THE PREMIUM AMOUNT CHANGES
FOR THE EMPLOYEE OR THEIR SPOUSE,
THE NEW AMOUNT MUST BE POSTED ON EXPE
SO THE PROPER PREMIUM AMOUNT IS REIMBURSED.**

▸ If premium decreases, recalculate Cost of Coverage %:

- Change ETRC code to A.

- Post factored premium amount for the individual on EXPE.

    → If cost of coverage exceeds 5%, person remains open CW.

    → If cost of coverage drops to 5% or below, the person is no longer eligible.

INVOLUNTARILY LOSES EMPLOYER-SPONSORED COVERAGE - OPEN CW

▸ Recipient may switch to the PC program if it's an open enrollment period.

- Change the individuals ETRC OTH INS code from L or C to M or N.

- Authorize PCIE through the current issuance month.

Other Examples ~ PACMIS SCENARIOS

SCENARIO 1 **PCN ~ To Medicaid ~ Back to PCN** in the same certification period with no break in coverage. New enrollment fee NOT required.

PC was approved and opened effective 7/5/02. The certification period is 05JUL02 - JUN03. The PC program was closed 9/7/02 because the client was eligible for Medicaid. In December 2002, the client has a spenddown which he/she does not want to pay and on December 10, 2002 asks you to close Medicaid and reopen PC.

This person must continue to meet PCN eligibility requirements (except income) and may be reopened on PCN using the original PCN certification end date with no new enrollment fee due. *Follow these steps:*

1. Close Medicaid program "SL".
2. Register PC program and enter identifying data required on PACMIS screens.
3. **PCIE** will check for a prior certification period but will display the new PC certification information with eligibility beginning 10DEC02 and ending NOV03. However, a message will be displayed at the top of the screen: * WARNING * MAY BE ELIGIBLE UNDER EXISTING ENROLLMENT PERIOD. When this warning is received, the worker needs to determine if they need to reset the certification date, or if they can stay with the original certification period not requiring a new enrollment fee. PACMIS will assume a new enrollment fee is required, but this can be changed on PRCE. In this scenario, they may stay with the original certification period. Enter through PCIE and NEXT to PRCE.

```
* WARNING * MAY BE ELIGIBLE UNDER EXISTING ENROLLMENT PERIOD
PCIE                    PRIMARY CARE INCOME ELIGIBILITY            08JUL02 15:07
                                                                  BARBARA M

CASE NAME: NETWORK, PC                      CASE NUMBER: 00026433 MONTH: DEC02
HH SIZE: 02                                 DATE DETERMINED ELIGIBLE: 10DEC02


 EMPLOYMENT INCOME         :      150.00
 SELF-EMPLOYMENT INCOME    :        5.00

   TOTAL EARNED INCOME     :      155.00    TOTAL UNEARNED INCOME :    400.00

                                            TOTAL COUNTABLE INCOME :   555.00
ENROLLMENT FEE REQUIRED
                                              INCOME LIMIT:   1935.00
BENEFIT AUTHORIZATION:

ISS REASON: IN    ISS INDICATOR: DA              PAYEE SETUP REQ: N
CERTIFICATION END DATE: NOV03
HOLD REASON:
HOLD REMINDER DATE:

IS ELIGIBLE - ENROLLMENT FEE REQUIRED                            NEXT-->
```

4.   **PRCE** will display the new Certification End Date and the previous client PC Eligibility End Dates. The worker will need to process PRCE to record the enrollment fee information and set the correct Certification End Date and client PC Eligibility End Date. ***Make the following entries on PRCE:***

- Change the Certification End Date from NOV03 to JUN03, the previous end month.

- Record the current date in DATE ENROLLMENT FEE PAID and enter **PP** (previously paid) in TYPE OF PAYMENT.

```
PRCE                    PRIMARY CARE ENROLLMENT FEE              10DEC02 15:12
                                                                   BARBARA M
CASE NAME:  PCFAMILY, BARBARA                      CASE NUMBER: 00027459

                                                   BENEFIT MONTH: DEC02

  ELIGIBILITY START DATE: 10DEC02 THRU THE LAST DAY OF JUN03

DATE ENROLLMENT FEE PAID (DDMMMYY): 10DEC02

                  TYPE OF PAYMENT: PP    PREVIOUSLY PAID

PERSONS COVERED BY THE PAYMENT:

  NAME                 REL          DOB         PC ELIG END
  BARBA P              PI        04JUL1950        JUN03
  SPOUS P              SP        05MAY1950        JUN03




  WORKER AUTHORIZATION:                                         NEXT-->
```

5.   Return to the PCIE screen, authorize and enter through the screen.

SCENARIO 2   **PC (and/or Medicaid) is closed for more than an entire benefit month and the application is received before the PC certification ends. Enrollment Fee Required**.

PC was approved effective 05JUL02 with the certification period ending JUN03. Case was closed 30SEP02 because the client moved out of state. Client returns and applies for PC on January 15, 2003. All PCN eligibility factors are met for the new application month, but IN client has no Medicaid eligibility in the month prior to application.

This scenario will be very similar to the original new application process. Consider this a new application because PC and Medicaid have both been closed for an entire benefit month. Start a new certification period and require a new enrollment fee. **Follow these steps:**

1.   Register PC application and enter identifying data required on PACMIS screens.

2.   **PCIE** will display the new PC certification information with eligibility beginning 15JAN03 and ending DEC03. A message will be displayed at the top of the screen: * WARNING * MAY BE ELIGIBLE UNDER EXISTING ENROLLMENT PERIOD because the new application is within the previous certification period.   The worker needs to determine if this warning is valid for this situation. PACMIS will assume a new enrollment fee is required and the BENEFIT AUTHORIZATION field will be protected. For this scenario, we want to use the new certification date and collect a new enrollment fee. Enter through PCIE and send the GIPC notice for the client to pay the enrollment fee.

```
* WARNING * MAY BE ELIGIBLE UNDER EXISTING ENROLLMENT PERIOD
PCIE                    PRIMARY CARE INCOME ELIGIBILITY              08JAN03 15:07
                                                                    BARBARA M

CASE NAME: NETWORK, PC                      CASE NUMBER: 00026433 MONTH: JAN03
HH SIZE: 02                                 DATE DETERMINED ELIGIBLE: 15JAN03


 EMPLOYMENT INCOME          :     150.00
 SELF-EMPLOYMENT INCOME     :       5.00
   TOTAL EARNED INCOME      :     155.00    TOTAL UNEARNED INCOME :     400.00

                                            TOTAL COUNTABLE INCOME :    555.00
ENROLLMENT FEE REQUIRED
                                               INCOME LIMIT:   1935.00
BENEFIT AUTHORIZATION:

ISS REASON: IN     ISS INDICATOR: DA                    PAYEE SETUP REQ: N
CERTIFICATION END DATE: DEC03
HOLD REASON:
HOLD REMINDER DATE:

IS ELIGIBLE -ENROLLMENT FEE REQUIRED                                 NEXT-->
```

3. **PRCE** - Once the enrollment fee has been paid, the business office worker will need to record the enrollment fee payment on PRCE. The business office worker will enter the DATE ENROLLMENT FEE PAID, TYPE OF PAYMENT and process the screen (ENTER, F1, F2 or F12). PRCE will calculate the client PC Eligibility End Date to equal the Certification End Date and redisplay the screen with the message at the top * INFO * IF CORRECT, ENTER AUTHORIZATION PCN. Worker will enter a valid authorization PCN . This will establish the new certification period and generate an EWAL alert that the enrollment fee has been paid. If the enrollment fee is not paid, the case will be selected for processing in the auto-denial program.

```
PRCE                    PRIMARY CARE ENROLLMENT FEE              05SEP03 17:23
                                                                 BARBARA M
CASE NAME: NETWORK, PC                        CASE NUMBER: 00026433
                                              BENEFIT MONTH:   JAN03

ELIGIBILITY START DATE: 15JAN03 THRU THE LAST DAY OF DEC03

DATE ENROLLMENT FEE PAID (DDMMYY): _____

              TYPE OF PAYMENT : _____

PERSONS COVERED BY THE PAYMENT:

  NAME          REL          DOB        PC ELIG END
  SPOUS W       SP        07JAN1970        JUN03









AUTHORIZATION: _____                                       NEXT-->
```

4. EWAL alert notifies the worker that the enrollment fee has been paid.

5. Authorize the PCN benefit on PCIE.

SCENARIO 3   **PCN case closed less than an entire benefit month.**

PCN case is has been open since August. You start receiving returned mail in November and there is no forwarding address. You are unable to locate the client and close the PC case effective November 30. On December 10th the client contacts you with their new address.

Since PC was closed during the certification period for less than 30 days revert the case to open on REPT. The original certification dates will apply. Authorize PCN through the current month.

SCENARIO 4   **New PCN application after the certification period ends.**

PCN case opened on July 20, 2002. The certification period was 20JUL02 - JUN03. The client started to receive health insurance coverage in September and the case was closed effective Sept. 30, 2002.

A new application is received on August 15, 2003. The client lost his job, so his insurance was terminated involuntarily.

This scenario would be the same as the original new application process. Consider this a new application because the prior certification terminated on Sept. 30. Start a new certification period and require a new enrollment fee.

♦ PCN to Medicaid When There Is A Spenddown

When a case is open PCN and the client wants to change to from PCN to Traditional or Non-Traditional Medicaid with a spenddown for the same month, it can cause spenddown problems when trying to use incurred bills to meet that spenddown. Because the case was open for PCN, Medicaid eligibility already shows on PACMIS. Any bill that has a "Y" in the MED COV field, PACMIS will not read as allowable, because it thinks Medicaid will pay it.

When posting incurred bills, you must do the following if you want PACMIS to use the bill (or a portion of the bill) to meet the spenddown:

1. Make sure PCN will not cover the bill.

2. Change the MED COV (Medicaid Covered) field to a "N" on MEEI. *(PACMIS will then read and allow the bill.)*

3. In the CLIENT OBLIGAT (client obligation) field on MEEI, enter the exact spenddown amount for the month you are using it for. *(This will put the correct amount on the MEEU and leave any remaining portion of the bill available to be paid by Medicaid.)*

4. Send MEEU once Medicaid is authorized.

IMPORTANT

5. Notify Nanette Waters (538-6524 or email at nwaters@utah.gov) that it's a PCN to Spenddown case.

EDIT MESSAGES AND WARNINGS

SEPA

Error Message	**ERROR - PARTICIPATION NOT VALID FOR RELATIONSHIP**
Cause	Specific combinations of PARTICIPATION and RELATIONSHIP are required.
Solution	Follow these coding rules: PI Must be IN or DM or OU SP Must be IN or DM or OU CH & SC Must be OC or OU UB Must be UB or OC or OU
Error Message	**ERROR - PARTICIPATION NOT OU FOR RELATIONSHIP**
Cause	All other RELATIONSHIP codes other than PI, SP, CH, SC & UB must be coded OU.
Solution	Code individual OU that does not have PI, SP, CH, SC, or UB RELATIONSHIP code.

SSDO

Error Message	**ERROR - PC CLIENT AGE NOT IN ALLOWED RANGE**
Cause	DOB is outside of PC eligibility range (under age 19 or age 65 or over).
Solution	Person coded IN is not eligible for PCN based on their age. Code their PARTICIPATION DM or OU.

ETRC

Error Message	ERROR - C, L, P & F ARE ENTERED BY PACMIS "A" DETERMINES CW ELIGIBILITY.
Cause	Worker cannot enter "**C**, **L**, **P** or **F**" in Other Insurance Field on ETRC. These codes must be entered by the CWEC screen.
Solution	Enter an "**A**" in the Other Insurance field on ETRC when a person has access to employer-sponsored health insurance coverage. This will generate the CWEC screen and change the insurance code on the ETRC screen to **C**, **L**, **P** or **F**.

Error Message	ERROR - IF INSURANCE CODE IS "A" CLIENT MUST BE "IN" PC.
Cause	"**A**" code can only be entered in the Other Insurance Field for a person coded "**IN**" on SEPA for PCN.
Solution	Code person '**IN**' on SEPA if has access to employer-sponsored health insurance coverage. If not enter a **N**, **Y** or **M** in Other Insurance field on ETRC.

Error Message	ERROR - BNFT ISSUED, CANNOT CHANGE CODE IN ISSUED MONTH.
Cause	When Issuance has already issued for the benefit month (PI indicator), cannot change from PC to CW or CW to PC.
Solution	Program has already issued for the month you are trying to change. Must choose a month that has not issued benefits to that individual to change the program from PC to CW or CW to PC.

CWEC

Error Message	ENTER COST OF INSURANCE (EC) IN MONTHLY AMOUNT ON EXPE.
Cause	No **EC** Expense Type posted in Monthly Amount field on **EXPE**. (**A** is posted on **ETRC** and there is no Cost of Coverage amount posted on **EXPE**.)
Solution	Enter person's cost to enroll in employer-sponsored coverage on EXPE. If no employer-sponsored coverage available, change ETRC OTH INS code from **A** to **N**, **M**, or **Y**.

Warning Message	COUNTABLE INCOME IS ZERO.
Cause	No income is counting when figuring Cost of Coverage %.
Solution	Check the income screens to make sure income is posted in the CHP/PCN column. If no income, consider eligibility for Medicaid.

PCIE

Error Message	**CLIENT ENROLLMENT FEE DATES NOT IN SYNC. SEE PRCE SCREEN.**
Cause	Eligible for benefit month, enrollment fee paid, certification end months not equal.
Error Message	**TO ESTABLISH PC START AND END DATES PLEASE ENTER THROUGH SCREEN**
Cause	First pass through initial month when certification period not yet processed.
Error Message	**IS ELIGIBLE - ENROLLMENT FEE REQUIRED**
Cause	Eligible for benefit month & enrollment fee has not been paid for the certification period.
Error Message	**IS ELIGIBLE - AUTHORIZATION REQUIRED**
Cause	Eligible for benefit month & the enrollment fee has been paid for the certification period.
Error Message	**NOT ELIGIBLE - SEE PCED**
Cause	Program is not eligible for the benefit month:
Error Message	**ELIGIBILITY ITEMS NOT YET DETERMINED - SEE PCED**
Cause	At least one eligible factor, other than income, is undetermined for the Benefit Month:
Error Message	*****ENROLLMENT FEE REQUIRED*****
Cause	Enrollment fee has not been paid for the certification period (displays above the Benefit Authorization field):
Error Message	**MAY BE ELIGIBLE UNDER EXISTING ENROLLMENT PERIOD**
Cause	Enrollment fee has been paid for the certification period (displayed above the Benefit Authorization field.)
Error Message	**THIS MONTH -- START OF A NEW RE-CERTIFICATION PERIOD**
Cause	Current benefit month begins new certification period:
Error Message	**(CAW)ENTER COST OF INS (EC) IN MTHLY AMT ON EXPE FOR PI AND SPOUSE**
Cause	When changing eligibility from PC to CW, EC code and amount needs to be posted for PI and Spouse.
Error Message	posted for PI. **(CAW)ENTER COST OF INS (EC) IN MTHLY AMT ON EXPE FOR PI**
Cause	When changing eligibility from PC to CW, 'EC' code and amount needs to be posted for PI.
Error Message	**'(CAW)ENTER COST OF INS (EC) IN MTHLY AMT ON EXPE FOR SPOUSE'** **PRCE**
Cause	When changing eligibility from PC to CW, 'EC' code and amount needs to be posted for Spouse.
Error Message	**AUTHORIZATION PCN MUST BE ENTERED**
Cause	Anytime a change is made to the PRCE screen authorization is required.

PCIE (con't)

Error Message	**CANNOT MODIFY ENROLL FEE, THERE IS A PAID BENEFIT FOR PERIOD**
Cause	Enrollment fee payment info can't be changed because the benefit has issued:
Error Message	**DATE MONTH CANNOT BE MORE THAT 12 MONTHS FROM START**
Cause	End date is more than 12 months from the start date:
Error Message	**END MONTH CAN NOT BE LESS THAN START MONTH**
Cause	End date is deleted without using the space bar.
Error Message	**END MONTH IS > THAN EXP MONTH**
Cause	End date exceeds the certification end date.
Error Message	**END MONTH IS < THAN EXP MONTH**
Cause	End date is prior to the eligibility start date or could be blank:
Error Message	**ENROLLMENT DATE MUST BE ENTERED**
Cause	Type of Payment field has been entered, but Date of Enrollment Fee Paid is blank:
Error Message	**IF CORRECT ENTER AUTHORIZATION PCN**
Cause	Worker authorization will be protected (no input allowed) until a change is made:
Error Message	**INVALID PAYMENT TYPE**
Cause	Entry code is not a code on the payment types.
Error Message	**PAYMENT MUST BE ENTERED**
Cause	Date of Enrollment Fee field has been entered, but Type of Payment field is blank.
Error Message	**PC ELIGIBILITY NOT DETERMINED - SEE PCED**
Cause	PCIE has not been entered or failed eligibility, check PCED.
Error Message	**PROGRAM(S) REQUIRED FOR SCREEN NOT ACTIVE IN MONTH SPECIFIED**
Cause	Certification start date has not been set by PCIE.
Error Message	**TO MODIFY ENROLL FEE, BENEFIT MONTH MUST BE ELIG START MONTH**
Cause	Benefit month is not the first month of certification period.
Error Message	**TO MODIFY ENROLL FEE, YOU MUST DELETE FUTURE MONTHS**
Cause	Benefit month is copied past month enrollment fee is due.

PCED

Error Message	**"PC" PREM MET, SEE "PRCE" SCREEN**
Cause	Denying PC for certification month when enrollment fee has been paid.

♦ **CLOSURE CODES**

Use any closure code already found in PACMIS that applies to the closure reason. The following CHIP closure codes have been adjusted to include PCN.

- ▸ **CE** CANNOT ENROLL IN EMPLOYER INSURANCE
- ▸ **CI** CHIP-CHILD OR PCN-ADULT HAS OTHER INSURANCE
- ▸ **CA** CHIP-CHILD OR PCN-ADULT HAS ACCESS TO INSURANCE
- ▸ **CN** CHIP-90 DAY OR PCN 6 MO INSURANCE SANCTION
- ▸ **CP** FAILURE TO PAY CHIP PREMIUM OR PCN ENROLLMENT FEE

♦ **PCN NOTICES**

Notice Name	Description
ALPC - Program Choice	PCN Client reports employer-sponsored insurance is available. The cost is greater than 15%. Client needs to choose whether to enroll or not. If they don't enroll they can stay on PCN until the end of the certification period. If they do enroll in the insurance, they can be enrolled in CW. Notice requests the client to make the choice and notify the worker.
CWCE	CW denial - cannot enroll in employer insurance.
GIPC - Pay Enrollment Fee	Informs PCN client that they are eligible but they must they must pay the enrollment fee.
MBPA - Add HH Member	HH member has been added to coverage.
MBPR- HH Member Removed	HH member has been removed from coverage.
MCAI/MDAI- Access to insurance	Case closed or app denied due to access to insurance cost is less then 5%.
MCPC/MDPC-PCN Action	Case closed or denied any reason.
MCPH/MDPH -Insurance	Case closed or denied enrolled in insurance other than employer-sponsored or client enrolled in employer-sponsored insurance and did not report within 10 days.
MCPP/MDPP -Premium not paid	Case closed at recertification or denied at app, premium not paid.
MDPT-Terminated Insurance	App denied, sanction terminated insurance voluntarily.
MMCW - CW app approved	Covered at Work approved.
MMPC-PCN app approved.	PCN application approved.
MRPC- Review completed	Approve new certification period, review completed.
XDPP-Auto notice prem not paid	Client did not pay premium, app is denied.

ETRC Codes

The code in the "OTHER INSURANCE" field determines whether an individual or their spouse is eligible for the Primary Care Network program or the Covered at Work program or needs to have Covered at Work eligibility determined by CWEC.

The codes are:

N	No insurance & not Medicaid eligible.	Eligibility will be determined for PC.
Y	Currently enrolled in private or employer insurance.	Case fails PC and CW eligibility.
M	Not enrolled in other insurance, Medicaid eligible but spenddown required.	Client chose PC instead of Medicaid with a spenddown.
A	Access to employer-sponsored health insurance coverage. PACMIS will update **A** code to either **F, L, C ,** or **P**.	The CWEC screen is included in the screen sequence. CWEC determines the Cost of Coverage % for each individual included in the employer-sponsored health plan. CWEC updates the **A** code on ETRC to a **F, L, C or P** based on the %.
F	Employee cost of coverage is less than or equal to 5%.	Not eligible for PC or CW.
L	Employee cost of coverage exceeds 5% and less than or equal to15%.	Eligible for CW only.
C	Employee cost of coverage exceeds 15%. Chose CW eligibility. Post **CW** on CWEC.	Option to choose either PC or CW eligibility. Individual chose CW eligibility.
P	Employee cost of coverage exceeds 15%. Chose PC eligibility. Post **PC** on CWEC.	Option to choose either PC or CW eligibility. Individual chose PC eligibility.

Appendix A